



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814



August 12, 2013

RITE OF PASSAGE: MT. ROSE- 602300070
1967 SORREL
GARDNERVILLE, NV 89423

SUBJECT: Re-Certification by the California Department of Social Services (CDSS)

Capacity : 8 female youth; ages 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for the Rite of Passage - Mt. Rose House located at 1967 Sorrel Lane, Gardnerville, NV 89410 is continued through June 2014.

California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual, or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first-aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the health or safety of a child

Certification will continue to be reviewed annually. We will continue to follow our Department policy which authorizes us to inspect facilities with or without an appointment as necessary.

If you have any questions please contact me at (916) 651-5380, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,


MEI YUK KUNG
Program Chief

C: CDSS Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

STATE OF CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: MT. ROSE
ADMINISTRATOR: PETER WOODS
ADDRESS: 1987 SORREL
CITY: GARDNERVILLE STATE: NV
CAPACITY: 8 CENSUS: 7
TYPE OF VISIT: Case Management (Re-Cert.) UNANNOUNCED
MET WITH: Peter Woods
FACILITY NUMBER: 602300070
FACILITY TYPE: 731
TELEPHONE: (775) 267-9411
ZIP CODE: 89423
DATE: 08/28/2013
TIME BEGAN: 01:02 PM
TIME COMPLETED: 03:00 PM

NARRATIVE

1
2 On today's date, the undersigned analyst conducted a visit to ROP's Mt. Rose House for the purpose of CDSS
3 re-certification. I was accompanied by Peter Woods, the home's administrator.
4
5 The Mt. Rose House is one of three ROP community groups homes located in the Carson Valley of Nevada
6 and serves female youth, ages 14-17. The group home is an upscale 2476 square foot single family home
7 with five bedrooms and three baths located on a large lot. Most properties in the area have horses; however,
8 the Mt. Rose house has accommodations to raise lambs, which the girls may do while participating in 4-H.
9
10 At the time of visit, the census for was seven. Four of the seven were adjudicated probation wards: Two were
11 placed by Monterey County Probation; one by Sonoma County Probation; and one by Los Angeles County
12 Probation Department. The other three were Nevada youth. The girls were not at home during the visit.
13 They were participating in daily programming at ROP's school located in Minden.
14
15 During the site visit, the home was toured inside and out. The home was noted to be clean, well furnished
16 and equipped and orderly. Food supply was ample; medications were in locked storage in the staff office
17 (which is also kept locked.) Kitchen knives and toxic cleaning supplies were also locked away safely.
18
19 The following records and documentation were received and reviewed as part of re-certification.
20
21 • 2012 and 2013 Fire drill record log.
22 • Nevada DCFS Licensing report dated June 14, 2013
23 • Correspondence from Nevada DCFS licensing analyst Dixie Jeffers dated June 28, 2013 reflecting no
24 child abuse and neglect violations or licensing violations for any of the three ROP "Q" Houses between
25 the licensing period of July 1, 2012 through June 30, 2013.
• NV group foster home license for eight children issued July 1, 2013; expires June 30, 2014
• Emergency disaster plan.

Based on the above, re-certification is approved through June 2014.

SUPERVISOR'S NAME: Mei Yuk Kung


TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/12/2013


I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2013


This report must be available at Child Care and Group Home facilities for public review for 3 years.